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LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D.,
H. A. COTTELL, M.D., } Editors. JOHN P. MORTON & CO., Publishers.

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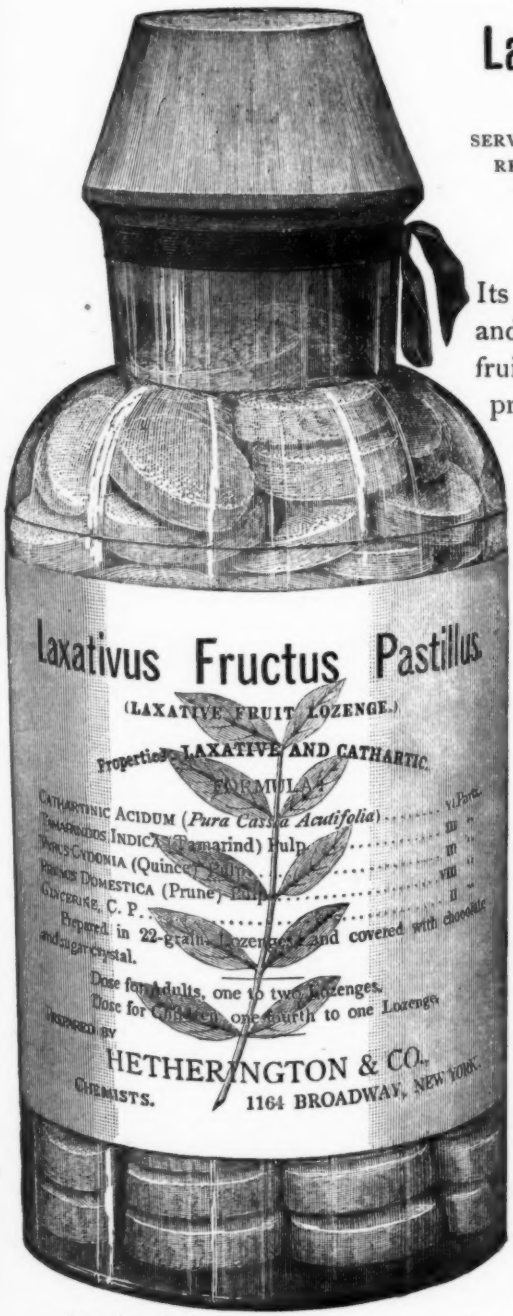

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OSCAR J. COSKERY, M.D.
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Surgeon in charge St. Louis Female Hospital.

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A. F. ERICH, M.D.
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DUNCAN EVE, M.D.
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A. M. OWEN, M.D.
Professor of Surgery, Evansville Medical College.

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St. Louis.

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Surgeon to Alexian Brothers' Hospital; Physician to Misericordia Asylum for the Insane and Nervous.

E. S. LEMOINE, M.D.
One of the Physicians to St. Luke's Hospital, St. Louis.

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LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

Vol. XIV. LOUISVILLE, JULY 22, 1882. No. 4.

J. W. HOLLAND, A.M., M.D., ...
H. A. COTTELL, M.D., ... } Editors.

COFFINISM.

A fatal case of poisoning by lobelia inflata is recorded in the British Medical Journal of July 1st. The patient was a man of intemperate habits in drink and an enormous eater. He had for some months been suffering with heart-disease, and had often complained of a severe burning pain in his stomach. In this condition he fell into the hands of the "Coffinites," and on the day of his death had taken an emetic consisting of lobelia and cayenne, which failed to produce emesis and induced a state of intoxication from which he died. A post mortem was made twelve hours after death, when the pupils were found slightly dilated, the lower jaw firmly fixed, and the abdomen greatly distended. A further examination revealed the intestines much congested in places, and an aperture as large as a goose-quill in the lesser curvature of the stomach, through which about two pints of fluid of a milky appearance had probably escaped into the peritoneal cavity. In the cavity of the stomach was found a half pint of yeasty fluid, in which lobelia-seeds and pieces of cayenne were to be seen. The lungs were healthy, but the heart was fatty.

A coroner's jury returned a verdict of death from perforation of the stomach induced by the action of an emetic containing lobelia, which the deceased had injudiciously taken.

The Coffinites, who take their name (a very suggestive one in the light of the above case) from one Dr. Coffin, seem to be near relatives of the Thomsonians, once well known in this country. Their creed is rudimentary and their therapeutics simple. Acting upon the dictum that "heat is life," and that "the want of heat is disease and death," they give lobelia and cayenne in all cases coming under their care, regardless of the condition of the patient. They confidently assert that lobelia can not kill, but it has been shown over and over again that when the drug fails to be rejected by the stomach it acts as a powerful irritant and depressant, and kills with the greatest certainty.

While cases such as the above may not teach the physician any thing new regarding this powerful and dangerous drug, they may serve him a useful purpose for reference in warning the laity against its popular use. Lobelia not many years ago was as much the sheet anchor of those who practiced the Thomsonian method of treating disease as was ever aconite in the hands of the homeopaths, with this count in favor of the latter, that it was given in doses too minute to injure the patient, while lobelia in strong decoction was poured down the throat of the sick man *ad libitum*, bringing away from his stomach every thing it contained down to the basement membrane, and leaving him in a state of prostration which none but the victims of this drug or of the first overdose of tobacco could appreciate.

The lineal descendants of Thomson, our brothers the modern eclectics, have drifted away from this mooring; at least we rarely observe any allusion to the abomination in the eclectic journals; but still among the books on domestic medicine in many families may be found a treatise by some disciple of Thomson, with a large engraving

of the lobelia inflata for a frontispiece, the pages following being devoted largely to laudation of the drug, with directions for its employment in heroic doses in almost every affection described. Besides these, there is in every town, especially in the Northern States, a traditional follower of the Thomsonian school in the person of some benevolent old lady who always keeps a bunch of lobelia hanging in her garret, and who administers it to her family or her neighbors, when any of them are taken sick, as a preliminary measure or by way of diversion, before the doctor arrives.

The physician who is plagued by this phase of domestic practice can do much for suffering humanity, and materially reduce the popularity of this barbarous plant, by always having in his medicine-case an antidote for lobelia, and at his tongue's end a long list of the deaths it has caused.

The introduction of lobelia was a protest against the abuse of calomel, antimony, and blood-letting, and it is claimed by its advocates that it marked an era of reform in therapeutics. Whether Thomson, in substituting lobelia for the drugs employed by the regular physicians of his time, was governed by the politic notion that a people long accustomed to therapeutic abuses would not tolerate drugs of mild action, we know not; but it is certain that by aid of the remedy introduced by him the descent was gradual, the patients never suspecting that they were being let down to the plane of mild medication, while the founder of the new school goes into history as the first physician who ever secured the discontinuance of the abuse of poisonous drugs by substituting for them one still potent for the destruction of life.

HIP-JOINT AMPUTATIONS AND VIVISECTION.

In a letter to the Medical Press and Circular, Mr. Lawson Tait says that he is not an anti-vivisectionist, but is in danger of becoming one from the style of argument used by the vivisectionists. He then proceeds to criticise a statement by Mr. Samson Gamgee, made in his pamphlet recently published in defense of vivisection, that amputation at the hip-joint was never attempted until it had been proved safe by vivisection. His authority for this, says Mr. Tait, is a bald statement about some experiment published in 1778. "But amputations through both hip-joints in the same patient were performed in 1748, and I have obtained traces of still earlier cases. What are we to think of a case which is got up on evidence like this? Not a single statement advanced in support of vivisection will stand the test of historical criticism; at least I have never found one, and I shall be glad if you can supply me with some more upon which I can make researches. I do not willingly nor without pain occupy a position hostile to general professional opinion; but the case for vivisection must be more substantially supported than it has been hitherto, otherwise it certainly will be overthrown."

Whether the majority of standard surgical operations will stand the test of historical criticism in this particular or not, we will leave for the surgical antiquary to determine; but we feel certain that the vivisectionists can confidently commend ovariotomy to the researches of Mr. Tait without damage to their cause, since spaying was safely practiced upon hogs and cattle in ancient as well as modern times, and the knowledge of this no doubt did as much to inspire the father of ovariotomy with confidence in the practicability of his first operation for the cure of an otherwise necessarily fatal disease, as it did the Hungarian swineherd when he sought thereby to check the lewdness of his daughter.

But even if this with all other surgical operations should be proved to have been first performed on human beings, it would not make Mr. Tait's attitude toward vivisection any the less remarkable, since this would be only additional proof of the cruelty of ancient times, and the light value set upon human life in those days as compared with the present.

That surgeons bred in times when men were burnt at the stake for minor offenses, racked, tortured with thumb-screws, placed in stocks and pillory, flayed alive, bastinadoed, and beat at the whipping-post, should have hesitated to undertake any operation upon a human being, no matter how perilous it might be, is not to be supposed; nor does the fact, however well borne out by historical research, constitute any argument against the more humane modern practice of testing the safety and feasibility of a new and doubtful operation on one of the lower animals before performing it upon man.

BILLROTH WILL NOT LEAVE VIENNA.—The professorship left vacant in the Faculty of Medicine in Berlin by the resignation of Langenbeck has been offered to Billroth, who declines the honor, saying that he considers himself as belonging to Austria and the University of Vienna. In appreciation of this decision he was tendered, on the morning of June 23d, a complimentary address headed by the name of Duke Karl Theodor, of Bavaria, and signed by a large number of his students. In the evening a great procession, in which thousands of students participated, marched under the University flag, with torches and colored lamps, to the professor's house and there gave him a rousing serenade. Billroth thanked the gathering in a few warm words, and the crowd dispersed amid music and cheering. The love of the German student for his teachers is a prominent and beautiful feature of his character.

BORO-GLYCERIDE has been patented. This is perhaps the first case in which proprietorship has been given in a definite chemical compound. It is believed, however, that the patent will be held only to secure to the inventor the sole right of using the compound in preparing and transporting beef upon a large scale, and will not affect the manufacture, sale, and use of the drug for medicinal and pharmaceutical purposes.

MISCELLANY.

ARSENIC A PROPHYLACTIC AGAINST INFECTIOUS DISEASES.—Dr. Walter G. Walford, in a letter to the London Lancet of May 20th, proposes the administration of arsenic to persons exposed to scarlet fever and diphtheria, believing that if the drug be given in full doses during the incubative stage of these affections, it will forestall their development or modify them to such an extent that they may be treated as trivial ailments. Believing in the germ-theory of the cause of diphtheria and scarlatina, and having noted a statement to the effect that a person who is under the influence of arsenic can not be successfully vaccinated, he began to administer the drug to children not previously afflicted with the disease, in whose families there was an outbreak of scarlatina. During a period of several years he had submitted about one hundred children so exposed to this prophylactic treatment, and among this number two only had developed scarlet fever, and in these the disease presented itself in a very mild form.

His experience with the drug as preventive of diphtheria is limited to his two sons, whom he removed from a school where from local conditions diphtheria had attacked six of the boys, two cases being fatal. Under the administration of arsenic the younger son did not develop any symptom of the disease; but the elder, who was complaining of soreness in the throat at the time he was placed under treatment, showed after six days two small but unmistakable patches of diphtheritic false membrane on his fauces, "although his temperature never rose above 100° F., and his health and spirits scarcely flagged." In a few days he was well.

The preparation employed by Dr. W. is the liquor arsenicalis (P. B.). He gives it at first about three times a day in as large a dose as can be safely used, due regard being had to the age of the child. Each dose of arsenic may be combined with from fifteen minims to a half dram of sulphurous acid and a small quantity of the syrup of poppy. This makes a pleasant mixture, of which the children are fond.

He thinks that arsenic might be made available as a preventive against many other affections, among which he mentions hydrophobia as an extreme test of its prophylactic qualities.

PRESIDENT ELECT OF THE AMERICAN MEDICAL ASSOCIATION.—Dr. John L. Atlee, the

recently-elected president of the American Medical Association, was born in Lancaster, Pa., in 1799. He commenced the study of medicine in 1815, and graduated in the University of Pennsylvania in 1820. He began the practice of medicine in Lancaster, where he still remains. He was active in the organization of the Lancaster city and county medical societies, being twice elected president. He was one of the originators of the State Medical Society in 1848, and in 1857 was elected president of this body. In 1868 he was elected one of the vice-presidents of the American Medical Association. At the union of the Franklin and Marshall colleges he became Professor of Anatomy and Physiology, which position he held until 1869. He has been a regular contributor to many medical journals. In 1843 he revived the operation of ovariotomy, and was the first to successfully remove both ovaries at one operation. He married in 1822, and has two sons, who are physicians. One of them is Dr. W. F. Atlee, of Philadelphia, the well-known ovariotomist. This latest honor, the highest in the gift of the American medical profession, conferred upon him at St. Paul, is a fitting tribute to his worth as a physician, a scholar, and a man, and one well earned by a long life of devotion to medicine, to truth, and the highest good of humanity.

Sulphurous Acid in Typhoid Fever.—Dr. Burney Yeo, in the June number of The Practitioner, gives an account of certain experiments made with sulphurous acid in typhoid fever. Three cases are cited, but the first was of too mild a type to prove any good effect from the drug, and in the second the remedy was discontinued because of alarming hemorrhage from the bowels before any effect was noted. In the third case the remedy was first used on the fourth day of the fever, the dose being one half dram of the acid every four hours. During the first five days of treatment the temperature ranged between 102° and 104° F. On the ninth day the evening temperature was 103.6°, but on the tenth day there was a notable fall. From this on to the twelfth day it did not rise above 102°. On the thirteenth day the temperature fell to 101.2°, and for the next six days it reached on one occasion only as high a point as 101°. During this time the patient seemed to be doing well, except that he was always nervous and depressed. There had been no abdominal tenderness or distension, and but five actions from the bowels during nine days. On the nineteenth day, however, he complained of abdominal pain. The temperature began to rise, reaching 103.8° on the twenty-second day, and upon the twenty-eighth day it was 104.2°. Diarrhea and hemorrhage became persistent, and he died with symptoms of perforation on the twenty-ninth day. The post-mortem examination revealed abdominal lesions of great gravity.

Dr. Yeo concludes that while the remedy exerted no influence over the intestinal lesion, it certainly seems to have modified in a remarkable manner the temperature-curve of the fever, just as quinine in large doses is often found to do. It is worthy of note that in this case, notwithstanding the extent and gravity of the intestinal ulceration, the temperature was never very high, only twice reaching 104°.

Eclectics.—The Eclectics are the lineal descendants and heirs of the Thomsonians of a past generation, whose botany, as Prof. Asa Gray informs me, included not only *lo*belia, but also "*high*belia." The eclectic writers and teachers seem to be a sort of half-armed medical militia, of the class that spells inflammation with one *m* and whiskey without the *e* in the last syllable. I do not suppose their practice differs very much from that of those whom we call regular physicians. One of their "professors," who recently left the eclectic for the regular ranks of the profession, gives as his reasons that the original and cardinal doctrines of the eclectic school—opposition to blood-letting and certain mineral remedies on the one hand, and the use of various new remedies on the other—have been largely adopted by the regular school of medicine. Whatever credit belongs to Samuel Thomson and his successors, the eclectics, let us not deny them. But the real change of medical practice, so far as it can be traced to any individual sources, may with a good show of reason be laid at the door of such teaching as that of Louis on Blood-letting, of Dr. Jacob Bigelow on Self-limited Diseases, and of Sir John Forbes's Nature and Art in Disease.—*Holmes; Bost. Med. and Surg. Jour.*

Physical Diagnosis.—I have often felt, when seeing hospital patients worried by hammering and long listening to their breathing, in order that the physician might map out nicely the diseased territory, the boundaries of which he could not alter, as if it was

too much like the indulgence of an idle and worse then idle curiosity. A confessor may ask too many questions; it may be feared that he has sometimes suggested to innocent young creatures what they never would have thought of otherwise. I even doubt whether it is always worth while to auscult and percuss a suspected patient. Nature is not unkind in concealing the fact of organic disease for a certain time. What is the great secret of the success of every form of quackery? *Hope kept alive.* What is the too frequent fatal gift of science? *A prognosis of despair.* "Do not probe the wound too curiously," said Samuel Sharp, the famous surgeon of the last century. I believe a wise man sometimes carefully worries out the precise organic condition of a patient's chest when a *very* wise man would let it alone and treat the constitutional symptoms. The well-being of a patient may be endangered by the pedantic fooleries of a specialist.—*Ibid.*

URÆMIA.—In a case of scarlatinal nephritis, with convulsions, Dr. D'Espine, of Geneva, obtained good results by free venesection. On chemical analysis the blood was found to contain about twelve times the normal quantity of urea and three times the amount of potash. Two thirds of the potash was found in the serum, whereas normally almost all the potash is contained in the globules.

Dr. D'Espine offers the following explanation of uremia: 1. An accumulation of potash in the serum, derived from the uneliminated detritus of red corpuscles, the destruction of which may be caused by the accumulation of urea in the blood. 2. To an enormous increase of the arterial tension in consequence of the direct action of the potash salts on the endocardium and cardiac nerves. Bleeding acts probably by eliminating toxic material and lowering arterial tension. J. B. M.

LEAD-POISONING.—Dr. H. S. Guthrie reports in the Ohio Medical Journal the case of a young lady who suffered severely from chronic lead-poisoning caused by the daily application to the face and hands of carbonate of lead as a cosmetic. There was complete paralysis of the extensors of the forearms and incomplete paralysis of the lower limbs. Five-drop doses of Fowler's solution were given thrice daily. At the end of three months the patient was in good health and had regained almost complete use of her muscles. J. B. M.

THE BIRTH OF AN ELEPHANT.—Dr. Gustavus E. Sussdorff, of New York, contributes to the July number of the New York Med. Jour. and Obstet. Review an account of the process of parturition as it took place in the case of the elephant "Queen" last February. The period of gestation was five hundred and ninety-seven days. There was no noticeable enlargement of the abdomen until it suddenly became quite prominent the day before labor began. This enlargement did not subside with the expulsion of the fetus and after-birth, but continued four days longer. During the latter months the mammæ became swollen, and soon filled with serous milk. These were the only signs of pregnancy to be seen. The labor began at 3 o'clock P.M. February 2d. At this time the mammæ were greatly distended with milk, which came away continuously in drops. The vagina now began to drop down and swell. In a short time thick mucus began to come from the vagina in long ropy strings, and almost poured out just before delivery. From 3 until 8.o'clock "Queen" was evidently uneasy, as she constantly moved her body from side to side, but did not seem to suffer *pain*, and quietly munched some hay up to the very moment of delivery. At 8:10 P.M. the young elephant was born, the head presenting, completely enveloped by the unbroken membranes. The head and part of the body rested between the hind-legs of the mother, and touched the ground. Without waiting a moment, the mother ruptured the membranes with her two hind-feet, when the young one rolled out on its back. The membranes were no sooner liberated than they quickly returned into the vagina. The umbilical cord had not been seen at all, having probably been torn away during the descent of the fetus. The mother now quickly turned to the young, and on seeing it began to roar and bellow furiously, which she continued for ten minutes. As soon as she saw the baby she also at once placed one fore-foot on it and rolled it several times; as one does a lemon under the palm of the hand, the bellowing and roaring continuing. In a moment or two more she placed her abdomen upon a short post in the ground, to which she was chained, standing almost upon her head, and grasping the post with her trunk, thus forcing the abdomen with great power against the post. "Queen" remained in that position for about ten minutes; then became quiet, and, while playing with her young, took some food. Nothing indicative of after-pains could be recognized

after this, and in one hour and thirty minutes the placenta was expelled. With it there came about two quarts of clotted blood. There was no hemorrhage either from the uterus or from the umbilicus of the calf. The duration of labor was five hours and ten minutes. The calf, a female, weighed two hundred and forty-five pounds, and stood just three feet high. It began nursing one hour and forty minutes after birth. It had two middle upper teeth. The umbilical cord entered the abdomen about three inches anterior to the vagina, and had been detached very close to the abdomen, as none was visible at that point, the canal being open and large enough to admit a good-sized finger for half an inch.

Dr. Sussdorff remarks that there are several very interesting and instructive points in this history. First, the period of gestation is evidently not affected by change of climate and captivity, lasting about nineteen and a half months. The time of labor is short, and evidently there is not much pain. The sagacity of the animal is remarkable, as shown by the manner in which she ruptured the membranes, the means she took to excite respiration by rolling the young, and, finally, her effort to express the placenta from the uterus. He then describes the placenta and the fetal membranes, comparing them with those described by Owen, and adds a summary of various observations which have been made on the milk of the elephant as compared with that of other animals, giving drawings which show its microscopical characters in comparison with those of cow's milk.

Sulphide of Calcium as an Antisuppurative.—Dr. Andrew H. Smith, chairman of the Committee on Restoratives of the Therapeutical Society of New York, furnishes to the New York Med. Journal and Obstet. Review for June, 1882, a report of the committee on the use of sulphide of calcium for the purpose of preventing or diminishing suppuration. After giving the experience of several members of the society, Dr. Smith concludes his report as follows: Judging from this limited number of cases, it would seem that we are warranted in concluding that in many cases of suppurative affections, ranging from the small pustules of acne to extensive suppurating surfaces, an appreciable and often a very marked benefit is derived from the use of the calcium sulphide, suppuration which would otherwise take place being averted, or the quantity and duration of an existing discharge being lessened. At the same time its action is not uniform, and in many apparently favorable cases it will fail entirely. The drug is somewhat prone to irritate the stomach, and this circumstance affords an indication for small doses frequently repeated instead of larger ones at longer intervals. One tenth of a grain every two hours in acute cases will generally secure the full therapeutical action of the drug, but larger doses may sometimes be required, and some patients will bear well a grain three or four times a day. Even in small doses the sulphide will occasionally produce headache, and the patient is usually more or less annoyed by eructation of sulphuretted hydrogen.

A Brutal Manager.—A shocking case of culpable negligence is reported to have recently occurred in the Holbeach Union, Lincolnshire. A young man, a pauper named Ringham, an inmate of the Union, had been suffering from a skin-disease, and was placed in a fumigating box used to disinfect persons suffering from infectious diseases. It is not stated whether this course was adopted on the recommendation of any medical officer, but it would appear that the man complained of the heat, and said he should die if he were not taken out. Two persons who were in the room represented his condition to the master; but the latter, it is said, refused to let Ringham out, and left the room. On his return the man was insensible and apparently dead. This was not actually the case, although he died shortly afterward. At the inquest it was stated that too much sulphur had been used, and that the heated irons applied to the sulphur were too large, causing the flame to reach to the bottom of the box in which the deceased stood. The coroner's jury, after an inquiry lasting twelve hours, returned a verdict of manslaughter against the master.—*Med. Times and Gaz.*

Radical Cure of Varicocele.—The intravenous injections of chloral hydrate is the latest suggestion for the treatment of varicocele. Dr. Angelo Negretto (London Medical Record) reports two cases in which he obtained a speedy and permanent cure by intravenous injections of chloral hydrate. He uses a solution of chloral hydrate, seven grains to the ounce, and injects in several points in the mass. Mild orchitis followed in both cases, but within a week all signs of the operation and the varicocele had disappeared. J. B. M.

Original.

THE ADVANTAGES OF THE LIGATURE IN THE TREATMENT OF HEMORRHOIDS.

BY W. H. LOPP, M.D.*

It is claimed that the treatment of piles by injection originated with a pile-specialist in Chicago, a more ingenious advertiser than operator. He practiced this treatment some time in the years 1874 or 1875; but long before this Mr. Wm. Colles, Surgeon to St. Stephen's Hospital, Dublin, considering the similarity of hemorrhoidal tumors to nevus in children, and noting that Mr. Lloyd had in 1836 injected various fluids for the removal of nevi, conceived the idea of injecting the pile after the same manner. He says, "The hemorrhoids being protruded, I injected about twenty minims of the ordinary tincture of iron into each hemorroidal tumor by means of a hypodermic syringe, which caused but little pain. Four weeks afterward the rectum was examined by means of a speculum, and no trace of the tumors could be found, except three nodules of hardened mucous membrane, each about the size of a shriveled currant."

Bodenhamer, of New York, has within the last two years treated five cases of piles by injections. In all of these the results were most unfavorable. One of the patients had an anal abscess and fistula to follow the injection; another had anal fissure and abscess; two had anal fissure of an aggravated kind, doubtless caused by the escape of the carbolic acid into the rectum through the orifice made by the needle. In the fifth case the injection was followed by extensive sloughing of the submucous cellular tissue. In each of these cases he subsequently removed the tumors by ligation.

At our last meeting I reported a case occurring in the practice of an eclectic, in which but one injection of carbolic acid was made. The result, however, was a dislodgment of a part of the clot, its subsequent plugging up of one of the pulmonary arteries, causing embolic pneumonia, from which the patient was confined to the bed for nearly four months. He recovered so as to be able to attend to his business with difficulty, but is now in a miserable condition. He has also a chronic ulcer, which no doubt was the result of the escape of the carbolic acid into the rectum. Notwithstanding all this torment, he did not get rid of the tumor until I completed the operation by ligation.

Though at one time it bade fair to become a popular mode of treatment, the injection of irritating fluids into piles is too uncertain and dangerous an operation for common practice.

It is to the ligature that we must look for a certain, safe, speedy, and permanent cure of "the piles." This operation, antedating as it does four hundred years B. C., comes down to us with but little change. While other measures, therapeutic and operative, have been in perpetual fluctuation, ligation has stood the test of ages, and still maintains its superiority over all other methods for the removal of hemorrhoidal tumors as being more simple, safe, rational, and effectual, and as having at the present day the recommendation of surgeons every where.

The use of the ligature in the treatment of hemorrhoidal tumors Bodenhamer dates back to the time of Hippocrates, who directs that hemorrhoids should be transfixed by a needle and tied with a thick woolen thread; for thus, says he, the cure will be more likely to be effected. Galen recommends the ligature in the treatment of piles. After the tumor has been ligated as directed by Hippocrates, he advises that it be excised outside of the ligature. Paulus Ægineta also recommends the ligation of hemorrhoidal tumors. Previous to the operation he directs that the bowels be evacuated by repeated clysters, in order to irritate the anus and render it disposed to eversion and the rectum to protrusion. He then directs that the patient be placed upon his back in a clear light, and that a thick thread be passed round the lips of each tumor, leaving one as an outlet for the superfluous blood. This last direction was given by Hippocrates also. Celsus advises the use of the ligature in certain cases. He says, "If the varix or hemorrhoid be small and have a slender base, it should be tied a little above the part." When it is large, with a broad base, he directs that it be taken hold of by one or two hooks and excised a little above the base; neither must any part of the head be left nor any part of the anus be taken away. This may be accomplished by drawing the hooks neither too much nor too little. When the excision has been made a needle must be passed through the orifice of the vein or amputated varix, and below this a ligature should be applied. Albucasis preferred excision and burning;

*Read before the Mitchell (Ind.) District Medical Society, December 29, 1881.

but if the patient objected to so severe a measure, he then had recourse to ligation. Rhazes, the great Arabian physician of the tenth century, advocated the ligation of hemorrhoidal tumors.

It would seem that most ancient authorities were favorable to the ligature. Coming down to more modern times, Heister always employed and recommended the ligature, and Mr. Pott preferred it to any other method of removing piles. It is well known how decided Sir Astly Cooper was in his condemnation of excision and in his testimony to the safety and superiority of ligation. Sir Charles Bell says, "The operation for hemorrhoidal tumors by the scissors or knife is incomplete unless the whole diseased part is taken away and the extremity of the rectum consolidated by inflammation. This indication is best fulfilled," he says, "by the use of the ligature, which is the best method of exciting the necessary inflammation, and is the safest and most convenient of all known methods." Sir Benjamin C. Brodie, when speaking of the ligation of hemorrhoidal tumors, said, "I conceive that it is not only one of the most effectual, but one of the safest operations in surgery." Mr. Quain, with great success and satisfaction, always employed the ligature. John Darby would first ligate and then clip with scissors the part external to the ligature. Bodenhamer, of New York, says of ligation, "In my opinion, if it is judiciously performed it is the mildest, safest, most certain, and most effectual of all known methods."

I have devised a modification of an operation practiced by Bondenhamer, which has as yet in no case failed me. I will describe it briefly. In the first place, the tumor to be ligated, as a general rule, must not be seized with a tenaculum or forceps and pulled down; for if this is done, a portion of the mucous membrane of the rectum to which the tumor adheres also comes down with it, and is therefore almost certain to be included in the grasp of the ligature. Hence the additional pain, the protracted suffering, and the more or less ulceration which necessarily follow; for the operator can not distinguish the true base of the tumor when drawn in this manner, because all the parts have generally the same appearance. Have the patient simply to bring the tumor into view by efforts at defecation, facilitated, if necessary, by a relaxing enema. If these means should fail, use a bivalve anal speculum, introducing and arranging it in such a manner that the tumor shall fall between its blades. Then with a suitable instrument the tumor can be tied within the rectum quite as easily as if it were extruded or an external tumor. Use a fine, soft, silk ligature, well waxed, with scarcely any twist in it; for you will observe that in proportion to the size, the hardness, or stiffness of the ligature, will be the pain occasioned by it. Furthermore, a fine ligature will cut its way through much sooner than a coarser one. Adjust the ligature so as to exclude every thing but the tumor itself, and draw it only so tight as to cut off the circulation, *nothing more nor less*. In drawing the ligature, the appearance of the tumor will let you know when the proper degree of tension has been reached. When the tumor is very large, or too large for one ligature, divide it into two or more sections, and multiply the ligatures so as to include but a small portion of the tumor in each. When any part of the tumor is covered with skin or muco-cutaneous tissue, incise this upon the same circle which is to receive the ligature afterward. By this means much suffering is avoided. When the patient objects to the knife, if the tumor be external, ligate subcutaneously. This will cause it to shrivel and disappear gradually.

The subcutaneous ligation of external hemorrhoids consists in encircling the base of the tumor with a ligature passed immediately beneath the skin. This is accomplished by the use of a proper needle describing a considerable curve, with which the tumor is punctured at a suitable place, the ligature being carried under the skin half around the pile. The needle is then to be brought out at this point, reintroduced at the point of exit, and carried around the other half to the original point of entrance, when the ligature may be tied. If the tumor is large it may be divided into two or more sections, as before described. This is the operation which is sometimes employed in the removal of nevi.

The best time for the performance of the operation is when the tumors are in a quiescent state. I do not consider it good practice to operate when the tumors are quite irritable or inflamed. It often occurs that among several tumors which are in a quiescent state there may be one found which is highly sensitive. This may be distinguished easily from the rest by its florid appearance or by its being tense and painful under pressure. If the operation is performed when the piles are in this condition the local pain and general suffering will be greatly increased.

To subdue inflammation I sometimes paint the tumor with a solution of nitrate of silver (ten or fifteen grains to an ounce of water). Two or three applications in as many days will be sufficient. A dose of sulphate of magnesia on retiring will also in some cases be found effective.

COLUMBUS, IND.

Correspondence.

A DISPLACED UTERUS.

Editors Louisville Medical News:

On last Sunday morning I was called in haste to see a woman about two and a half miles from this place. On my arrival there I found the patient, a married woman, aged about thirty, in great pain and distress. She complained of pain and tenderness in the region of the bladder, and was compelled to pass urine every few minutes. She passed only very small quantities at a time, and that was mixed with mucus and blood. The bowels were constipated. She complained also of pain in the back and loins.

From the symptoms I suspected uterine trouble, and upon making a digital examination I found the uterus very low in the pelvis and lying in such a position as to interfere with the functions of both the bladder and the bowels. I passed a catheter into the bladder and drew off a large quantity of urine, which had been accumulating for several days. I then elevated her hips and restored the uterus to its proper position. The greatest difficulty I found was to keep it in place. Having nothing suitable at hand, I improvised a pessary from the bulb of an old syringe, which I was glad to find answered my purpose admirably.

On returning next morning I found the bladder still very irritable, with indications of cystitis. I made a strong solution of nitrate silver, which I injected into the bladder, and afterward washed out the viscus with warm water in the same manner. Several clots of blood and mucus were discharged, and relief followed soon afterward. Since then the patient has been doing well.

W. H. LEWIS, M.D.

GRAYSONVILLE, MO., June 2, 1882.

A post-graduate's course will begin next spring in the Louisville University.

BULLETIN OF THE NATIONAL BOARD OF HEALTH.

Editors Louisville Medical News:

Insufficient provision having been made in the Sundry Civil Appropriation Bill for the year ending 30th of June, 1883, for the proper continuance of the duties of the National Board of Health, you are respectfully notified that the publication of the Bulletin will be at once suspended should the bill pass as reported to the House.

T. J. TURNER,
Sec'y Nat'l Board of Health.

WASHINGTON, D.C., July 1, 1882.

Pharmaceutical.

WE are in receipt of specimens of the following preparations from the well-known house of Fairchild Bros. & Foster, 60 Fulton St., New York: Extractum pancreatis, pepsin in scales, modified Warburg's tincture, and phosphorized elixir of calisaya and iron. These preparations are brought out in the style of the highest pharmaceutical art, and present claims to the physician's consideration which a fair trial will certainly substantiate.

The idea of dispensing pepsin and the pancreatic ferments without some menstruum is new, and deserves the thoughtful consideration of the physician.

In the Warburg's tincture the alkaloids of cinchonia sulphate and cinchonidia sulphate with purified chinoidine, of each three and one fifth grains to the fluid ounce, have been substituted for the more expensive quinia sulphate, thus enabling the dispenser to sell this valuable and celebrated preparation at the low price of twenty-five cents an ounce. When the reduced price is taken into account, the substitution of the cheaper alkaloids for quinia will not be regarded as a disadvantage by physicians who have tested the efficacy of these alkaloids in general practice, since experience proves that in the great majority of cases they are competent to cure malarial affections with great promptness and with satisfaction to both patient and physician.

In the phosphorized elixir of calisaya and iron we have a most agreeable form for the administration of phosphorus, the demand for which as a therapeutic agent grows daily with the physician's practice.

See advertising page 4.

Books and Pamphlets.

PLASTIC SPLINTS IN SURGERY. By Samuel N. Nelson, A.B., M.D., of Boston, Mass. Reprint.

TRANSACTIONS OF THE AMERICAN GYNECOLOGICAL SOCIETY, VOL. VI, FOR THE YEAR 1881. Philadelphia: Henry C. Lea's Son & Co. 1882.

ON GENITAL RENOVATION BY KOLPOSTENOTOMY AND KOLPOECPETASIS IN URINARY AND FECAL FISTULES. By Nathan Bozeman, M.D., New York. Reprint from Gynecological Transactions, Vol. VI, 1882.

THE ASYLUM SUPERINTENDENTS ON THE NEEDS OF THE INSANE, WITH STATISTICS OF INSANITY IN THE UNITED STATES. By C. L. Dana, A.M., M.D., Professor of Physiology in the Woman's Medical College of New York, etc. Reprint.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By Louis A. Duhring, M.D., Professor of Diseases of the Skin in the Hospital of the University of Pennsylvania, Dermatologist to the Philadelphia Hospital, etc. Third edition, revised and enlarged. Philadelphia: J. B. Lippincott. 1882.

DOUBLE IRRIGATION- AND DRAINAGE-TUBES; UTERINE DILATATION BY ELASTIC FORCE; THE CURE OF HERNIA BY THE ANTISEPTIC USE OF ANIMAL LIGATURE. By Henry C. Marcy, A.M., M.D., Boston, U. S. A., Member of the International Medical Congress, Member of the British Medical Association, etc. Reprint. London: J. H. Klockmann, 2 Langham Place. 1881.

THE LIFE, TIMES, AND TREACHEROUS DEATH OF JESSE JAMES. By Frank Triplett. St. Louis, Mo.: J. H. Chambers & Co. 1882.

The character of Mr. James, when viewed from the standpoint of peace and high civilization, may be regarded as somewhat eccentric; and since the gentleman has passed into another state of existence, it may be safe to suggest that his heroism is scarcely of the kind which should serve as a model for the imitation of the youth of the rising generation.

SECOND ANNUAL REPORT OF THE ASTRONOMER IN CHARGE OF THE HOROLOGICAL AND THERMOMETRIC BUREAUS IN THE OBSERVATORY OF YALE COLLEGE, 1881–1882. Presented to the director of the Observatory, June 15, 1882, by Leonard Waldo. New Haven: Tuttle, Moorehouse & Taylor.

It seems that the Thermometric Bureau is vigorously pushing its work of reform among the thermometers, and that the physicians in particular are in large numbers securing the luxury of a correct instrument by availing themselves of the privilege so kindly extended to them by this bureau in 1880. The report on this point shows that during the year ending with June, 1881, sixteen hundred and sixty-seven physicians' thermometers had been examined and corrected; and that during the year ending with June, 1882, thirty-eight hundred and eleven (more than twice the former number) had been submitted to the same process. Any physician may have his thermometer tested and corrected by sending it, with half a dollar, to the observatory.

Formulary.

FERRIC TARTARO-ALOETATE.

Carlo Pavesi describes a preparation thus named, which he asserts to be free from bitterness and inky taste as well as highly soluble. The method of preparation is as follows: Take—

Socotrine aloes in powder	2 parts;
Tartaric acid	1 part;
Recently-prepared hydrated sesquioxide of iron	1 part;
Fine iron filings	½ part;
Water	q. s.

Put the aloes, tartaric acid, sesquioxide, and filings into a porcelain vessel with enough water to make a thin paste; heat at a temperature of 50° or 60° C. for fifteen minutes and set aside for five or six days; then add small quantities of water, taking care to stir up the mass between each addition. Filter through paper. The clear liquid obtained, which has a yellowish-brown color, is then to be dried at a low heat on large slabs, and the evaporated product is the tartaro-aloetate. It must be kept in stoppered bottles. The preparation is likely to be of use with fastidious patients who need iron and aloes in soluble form.—*L'Imparziale; London Pract.*

ARTIFICIAL LEMONADE.

Loaf-sugar	2 lbs.;
Tartaric acid	½ oz.;
Essence of lemon	30 drops;
Essence of almonds	20 "

Dissolve the tartaric acid in two pints of hot water, add the sugar, and lastly the lemon and almonds; stir well, cover with a cloth, and leave until cold. Two tablespoonfuls to a tumblerful of cold water will make an excellent drink; more refreshing, indeed, say those who have tried it, than either ginger beer or ordinary lemonade, while the cost is considerably less. The addition of a very little bicarbonate of potash to each tumblerful just before drinking will give a wholesome effervescing drink.—*Scientific American.*

PILLS FOR DYSPEPSIA.

The following is from good authority:

Diastase	10 parts;
Pepsin	50 "
Extract of gentian	50 "
Tartaric acid	50 "
Powdered rhubarb	50 "
Gentian	q. s.

Divide into three-grain pills, and silver, if desired. Dose, two to three pills shortly before meals.—*Boston Jour. of Chem.*

STOKES'S LINIMENT.

The Druggists Circular gives the following as the formula for this liniment as prepared in the New York Hospital:

Oil of turpentine	fl.℥ iij;	90.00 fl.Gm.;
Stronger acetic acid	℥ iv;	16.00 fl.Gm.;
Oil of lemon	℥ j;	4.00 fl.Gm.;
The yelk of one egg;		
Water	fl.℥ iij;	90.00 fl.Gm.

Mix.

Selections.

Dialyzed Iron in the Treatment of Arsenical Poisoning.—Dialyzed iron is a well known antidote for arsenic in the stomach, having an action identical with that of hydrated sesquioxide of iron. The following extract from a letter to the Medical and Surgical Reporter by A. M. Bullard, M. D., of Wickes, M. T., shows that it is also competent to relieve the systemic effects produced by the poison after absorption into the general circulation:

In the smelting of lead and silver ores one of the worst features is the constant inhalation of arsenical fumes. When first employed by the Alta Montana Company to take charge of their hospital, a number of cases of arsenical poisoning came under my observation, and they were the more difficult to treat on account of their complication with "leading." I tried the various remedies recommended for such cases, but with poor results. At times I felt that old saying, "Throw physic to the dogs," was but too true and applicable. At last I was led to try dialyzed iron, and was met in all cases with most gratifying success, as is evidenced by the following cases:

Two carpenters were engaged in roofing a portion of the smelting building, and were in such a position that the wind carried the fumes into their faces. Some workmen below noticed one of the men swaying to and fro, and about ready to fall, while the other was laboring hard to reach the ground. They were helped to the hospital, and were suffering with severe pain in stomach and bowels, nausea, vomiting, vertigo, and with a profuse "nose-bleed," tremor in lower limbs, and almost prostration. A wineglassful of dialyzed iron was given immediately. The nausea ceased, and at the end of one hour the men were able to walk to their cabins, carrying with them a bottle of the iron, to be taken in dram doses every half hour. At the end of twenty-four hours they complained only of weakness, such as would result from a severe diarrhea. The second day they resumed work, entirely free from all pain and effects of the arsenic.

A number of men employed about the smelting furnace, and especially in dipping the molten lead, have been apparently prostrated from the effects of the fumes, and were in every case relieved by dialyzed iron. A mild purgative was given within twelve hours. I have recommended and, indeed, insisted on every man who is exposed to the arsenical fumes taking a dose of the iron daily. The consequence has been that we have had but one case of poisoning needing hospital treatment; and this one insisted that his case was one of "indigestion and dyspepsia," and would take nothing till compelled to enter the hospital, where, under the administration of dialyzed iron, he speedily recovered.

In the past two years I think I am safe in saying that fully two hundred cases of arsenical poisoning have been cured in this camp by dialyzed iron. I could cite any or all of them, with symptoms, treatment, etc., but I think it unnecessary, as they so nearly resemble those already mentioned; suffice it to say that all experienced the nausea, griping, vomiting, muscular tremor, etc. I have given the iron in half-ounce doses, three times daily, with no constitutional disturbances whatever, even after ten and often twenty days' administration. The teeth are not discolored, bowels not constipated, and digestion not deranged.

The men have learned its virtues, and come regularly with "please fill my iron bottle again." They will not do without it any more than an Irishman will do without his "salts and senna." It has saved many a man his wages and many a day of sickness. In fact, I feel convinced that this preparation is indispensable where men are liable to inhale the fumes of arsenic.

Without a remedy of this kind, I am satisfied no man, however strong, could inhale the fumes incident to smelting, where the ores contain arsenic, and stand it more than three or four days. The preparation which I have used, and to the good effects of which I can testify, is Wyeth's, of Philadelphia.

Headaches in Children.—When a child complains of headache our most careful scrutiny is demanded, and if it be too young to describe its sufferings its manner and appearance are highly suggestive of some cerebral disturbance. Look at the little child of some ten or twelve months old, who is well developed and comes of healthy parents. There is the excitement of dentition, and the little thing is observed to put its tiny hand to its head, which it rolls, perhaps, from side to side, and the anxious mother at last detects a slight irregularity in the muscular movements of the eyeball. Reflex nervous irritation is conveyed through the fifth nerve to the brain, and irritation so awakened may be followed at any moment by a convulsion. The child is wakeful, uneasy, and restless. The brain, so needful of rest at this early period of life, is susceptible of mischief. I think there is hardly a practitioner among us who on looking back has not, in the course of his early experience, had reason to think he has overlooked these significant symptoms, and at the same time felt surprise at having neglected them. Habitual headaches in older children indicate an exhausted and irritable brain, and if intellectual exertion be carried too far in such cases mischief is likely to ensue. It seems extraordinary that educated men who have the care of young persons should not see this danger in the anemia produced by over-study, the irritability and excitability of manner, and the impossibility of concentration, so necessary to the accomplishment of any undertaking. If intellectual exertion be carried beyond a certain point the brain becomes anemic, fatigued, and the nutrition in the ganglionic cells of the cortex becomes impaired, diseased, or in some way altered from health. Whatever may be the exact change in these cells, due perhaps in a great measure to the absence of healthy blood, the inference is most probably correct that children so suffering can not readily grasp new ideas; and if strong and powerful efforts are put forward in this direction the knowledge is not retained, the object is frustrated, one idea is mixed up with another, and confusion results. This, I apprehend, is just enough to illustrate the grand problem that the body must be looked to as well as the mind; and the younger the child, the greater is the necessity for the delay of intellectual training. And it does strike one as very extraordinary that the nervous system, which is the last to attain complete development, should be the first to be overtaxed in this age of forcing and strain, when revolutionary ideas are apt to overrule the judgment. It is not that the moderate exercise of the brain in early life is injurious; on the contrary, it is conducive to health. The mind is then flexible and plastic, im-

pressions are enduring, and habits of concentration are easily acquired. It is the premature and excessive exercise of it which is prejudicial when the bodily powers need the chief attention.

No rigid rules, no cast-iron system, will do for the training of all children. All are not cast in the same mold. Any system of education must be elastic, since mediocrity is the rule; and if more be expected of some children whose physical development is at the same time feeble, then disease or premature ill health is the consequence.

Headaches are often *hereditary*. They have attacked children of the same family who have been brought up at a distance from one another, and whose surroundings have been quite different. In such cases there is something peculiar in the nervous system itself—a tendency to nervous disease. It will, I think, be often found on inquiry that the parents of such children are liable to nervous disease, nervous exhaustion, paralysis, etc., and perhaps some children of the family have had epilepsy, chorea, or asthma. In many instances too there is some faulty condition of the blood. The brain, badly nourished through a scanty supply of blood, and that poor in quality, loses its balance and can not resume its tone.

I will now briefly allude to some of the varieties of headache in children. *Neuralgic* headache (one-sided headache) is not a very common type in children, but it oftener occurs than is generally supposed. So far as my experience goes, it has been met with chiefly among *three* classes of children: 1. Those of the neurosal temperament, whose nervous system is easily fretted, excited, and therefore sooner exhausted. If such children are pressed too much with their studies, then they the more readily suffer. Any degree of intellectual exertion is exciting to children of timid and delicate constitution, who are not only too anxious to learn, but can not throw their studies off the mind. 2. Those children who have been reduced by some long and exhausting illness, in-door confinement, and bad air. 3. Those born of delicate parents, and who are badly fed.—*W. H. Day, M.D., in Medical Press and Circular.*

The Eruptions Caused by Quinine.—Some months ago Van Harlingen published, in the Archives of Dermatology, an elaborate account of all the medicinal eruptions. Five distinct effects in the skin are produced by quinine and the cinchona compounds: (1) Erythematous, or scarlatiniform eruption; (2) papular; (3) urticaria; (4) purpuric; and (5) irritation of the skin of the genitals. Of these, the erythema seems to be the one most frequently met with, and from several late articles upon this subject it may be inferred that this phenomenon depends more upon idiosyncrasy of the patient than upon the large dose of the drug.

The following case resembles an ordinary attack of scarlatina: Prof. Kobner, Berlin (*Klin. Wochen.*), prescribed quinine for a man who was suffering from bronchitis. In two hours he had a violent rigor, a feeling of suffocation, severe headache, nausea, and vomiting. Two hours later another short rigor, followed by a burning sensation, at first in the head and then all over the body. These phenomena occurred about 8 P.M. The next morning there was fever, an itching eruption over the whole body, difficulty of swallowing, and dryness of the throat. The eruption was of a deep red tint, disappearing momentarily on pressure. Face swollen, conjunctiva injected, nasal mucous membrane dry. There were large papules upon the thighs, surrounded by healthy skin. Pulse 108, temperature of skin elevated, respiration calm, tongue slightly tremulous, moist, posterior walls of the pharynx very red and injected, rest of the mouth normal. This certainly looked like scarlatina, but previously to this time the patient had had two similar attacks as the result of taking quinine. The eruption was considered by the physicians attending as scarlatina, and was each time followed by desquamation.

Dr. Gilliam, in the same journal, relates how he prescribed quinine, in three- or four-grain doses, for a boy about fifteen years old. In a few hours the patient was found with intense congestion of the conjunctiva, edema of the face and limbs, and a bright erythematous eruption of the whole surface of the body, and complaining of terrible burning and itching. Subsequently the administration of quinine on two occasions produced the same symptoms.—*R. L. McDonell, M.D., in Canadian Journal of Medical Science.*

Oleoresin of Male Fern: Increasing its Efficacy against Tapeworm.—According to E. Dieterich, the frequent failure of oleoresin of male fern as a remedy against tapeworm is to be ascribed to its irrational administration. It has become known that the popular "worm-doctors," who use almost exclusively the oleoresin of male fern, and who hardly ever meet with a failure, administer the remedy in conjunction with castor oil, instead of following it by the oil after one or two hours, as is usually done by practitioners. The object is to bring the extract, in an unaltered or undigested condition, in contact with the worm. The experiments which have been made by mixing one part of the oleoresin with two parts of castor oil have been very successful, and this mode of administration deserves therefore the preference. Oleoresin of male fern is apt to derange the stomach, and when enveloped partly in the oil is likely to pass it more rapidly, which constitutes another advantage. The mixture has, it is true, an unpleasant taste. This may, however, be disguised by filling it in capsules of about three grams (forty-five grains) each. The dose may be regulated from six capsules (equal to six grams or ninety grains of the oleoresin and twelve grams of castor oil) to seven or eight more, according to circumstances. It is advisable to empty the bowels on the preceding day by a mild purgative, best by castor oil.—*New Remedies.*

Sugar and Sugar-forming Ferments in Pleuritic Fluids.—Dr. Eichhorst drew off by paracentesis from a boy of twelve an unusually limpid, colorless exudation which gave no sign of containing sugar when tested with Fehling's solution. After twenty-four hours the test-tubes, which had by chance been allowed to stand, showed that a remarkably strong reduction had taken place. Sugar had been developed in an exudation previously free from it. This led to the examination of seventeen specimens of serous liquid drawn from the pleura. Tested immediately after they were removed the analysis showed that ten contained sugar, two contained no sugar but contained sugar-ferment, and five contained no sugar and no ferment. The duration of the disease seemed to have no influence on the occurrence of sugar. In three cases sugar was present on the third, fourth, and eighth days respectively; in another sugar was absent though the disease had already existed for three months.—*Med. Chir. Rund.; London Pract.*

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The regular Annual Circular will be issued in June, and that it may be widely distributed a list of medical students and practitioners is requested from the friends of the School.

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